



## **DIVISION OF PUBLIC and BEHAVIORAL HEALTH**

### **Policy**

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<b>MME032</b>			<b>Procedures for Selling Medical Marijuana to Nonresident Patients</b>	<b>2016-02-16</b>	<b>1 of 3</b>

#### **1.0 POLICY**

NRS 453A.364 directs medical marijuana dispensaries in Nevada which hold valid registration certificates to recognize nonresident medical marijuana registry cards, functional equivalents or letters of approval if:

- The state or jurisdiction from which the holder or bearer obtained the nonresident card grants an exemption from prosecution for the medical use of marijuana;
- The state or jurisdiction from which the holder or bearer obtained the nonresident card requires that a physician advised the person that the medical use of marijuana may mitigate the symptoms or effects of their medical condition;
- The medical marijuana registry card, functional equivalent or letter of approval has an unexpired expiration date;
- The holder or bearer signs a form prescribed by the Division which sets forth that the holder or bearer is entitled to engage in the medical use of marijuana in their jurisdiction or state of residence; and
- The holder or bearer signs a form prescribed by the Division that they agree to abide by, and do abide by, the legal limits on the possession of marijuana for medical purposes in Nevada.

Almost every other state that issues medical marijuana cards requires a patient to be a resident of that state. NRS 453.210(2)(c) requires Nevadans to prove their residency in order to receive approval for a Medical Marijuana card, and NRS 453A.364 (3)(b) requires nonresident cards to be the functional equivalent of Nevada registry cards. As such, patients with nonresident medical marijuana cards should not present a dispensary with a nonresident medical marijuana card, and a Nevada Driver's License as proof of identification.

#### **2.0 PURPOSE**

The purpose of this policy is to provide the procedure for medical marijuana dispensaries to use for selling medical marijuana to holders of nonresident medical marijuana cards, functional equivalents or letters of approval.

#### **3.0 SCOPE**

This policy applies to Nevada medical marijuana dispensaries.

#### **4.0 PROCEDURE**

- 4.1 Ensure that the expiration date on the bearer or holder's medical marijuana card, functional equivalent or letter of approval is displayed and is unexpired.
- 4.2 Check an additional government-issued, photo Identification, to verify the patient's identity.
- 4.3 Complete a Nonresident Medical Marijuana Declaration.
- 4.4 Make a copy of the declaration for the patient.



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- 4.5 Retain the original declaration, and copies of patient documents, for dispensary audit records.
- 4.6 As with all transactions, enter the purchase into the electronic verification system at the time of the transaction including
  - 4.6.1 The patient number that appears on the nonresident card
  - 4.6.2 The date of issue of the nonresident card
  - 4.6.3 The expiration date of the nonresident card
  - 4.6.4 The Agent Card number of the agent who entered the transaction
- 4.7 As with resident patient records, nonresident patient records should be kept per NAC 453A.452.

**NONRESIDENT MEDICAL MARIJUANA DECLARATION  
UNSWORN DECLARATION UNDER PENALTY OF PERJURY\***



State of Nevada, \_\_\_\_\_ County

**This section is filled out by the nonresident patient:**

**Patient Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Patient Card ID # (if applicable)** \_\_\_\_\_

I am entitled to engage in the medical use of marijuana in \_\_\_\_\_, the state in which my card was issued.

The state that issued my medical marijuana card grants an exemption from criminal prosecution for the use of marijuana.

A physician advised me that the medical use of marijuana may mitigate the symptoms or effects of my medical condition.

My medical marijuana card, functional equivalent or letter of approval has an expiration date, and it currently is not expired.

I hereby agree to and will abide by the legal limits for possession of medical marijuana in the State of Nevada, that amount being two and one-half ounces during any one 14-day period.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
**Executed on (date)**

\_\_\_\_\_  
**Signature of patient**

\_\_\_\_\_  
**Printed name of patient**

**This section is filled out by MM dispensary agent:**

I have received and inspected the above named patient's medical marijuana registry card, functional equivalent or letter of approval, and an additional, government-issued, photo Identification (ID).

\_\_\_\_\_  
**Signature of MM dispensary agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of MM dispensary agent**

\_\_\_\_\_  
**Name of Dispensary**

\* NRS 53.045 Use of unsworn declaration in lieu of affidavit or other sworn declaration; exception.